	Effective Nov	ember 10, 1	998		09,	/4	22 '	999
CL	AIMS AS FILI (Column		(Column 2)		LL ENTIT	Υ	ОТН	ER THAN
OR	NUMBER FIL	ED NUM	BER EXTRA	FAT		°		T ENTIT
ASIC FEE					380		RATE	
TOTAL CLAIMS 176 minus 20= 1,56				X\$ 9		7	· vana	
NDEPENDENT CLAIMS 4 5minus 3 = 140						-J°	_	250
ULTIPLE DEPENDENT	CLAIM PRESENT	· · · · · · · · · · · · · · · · · · ·	1	X39-	·	_ 0	X78=	12/
If the difference in column 1 is less than zero, enter "0" in column 2					·	01	+260=	266
9- 204 CLAIMS AS AMENDED - PART II					٠	Of	TOTAL	692
1-304 (Co	is as ament lumn 1)	Column		a) SMAI	L ENTITY	OR		R THAN
C C	AMS AM	HIGHES NUMBE		7	ADDI		SMALL	ENTITY
	FTER NOMENT		SLY EXTRA	PATE	TIONA FEE		RATE	TIONA
Total . 4	9 Minus	-/7	6-	X\$ 9=	1	OR	X\$18=	1
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THO PHESENTANC	N OF MULTIPLE	DEPENDENT C	AIM	J	1	┧┉		
			<i>/</i> -	+130=	<u> </u>	OR	+260=	
7505 (Cal	umn 1)	70 -1	Sam	ADOIT, FEI		OR	TOTAL ADDIT, FEE	
CL	AIMS CANA	(Column HIGHEST		<u> </u>		,		
AF	TER H	CITE INCRESEN		RATE	ADDI- TIONAL		RATE	ADDI- TIONAL
Total . 9	<i>(</i>	PADTON			FEE		7412	FEE
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The second second				+130=		OR	+260=	
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(Colu		(Column 2) (Column 3)				VDDIT. FEE L	
CLA		HIGHEST	PRESENT		ADDI-	ſ		ADDI-
AFT AMENC		PREVIOUSLY PAID FOR	Y EXTRA	RATE-	TIONAL		RATE	TIONAL
otal	Minus	**	-	X\$ 9=	FEE	- }	Vers	FEE
L	Minus	244	-	1.77		OR	X\$18=	
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	OF MULTIPLE DE	PENDENT CLA	IM			-		
TRST PRESENTATION	s than the entry in co	umo 2 maio 501 in		+130=		OR	+260=	
	s than the entry in colourly Paid For IN Th	umn 2, write "0" in IIS SPACE is less !	column 3. than 20, enter "20."	TOTAL ADDIT, FEE		OR A	TOTAL OUT FEE	

FORM PTO-875 (Flex: 11/96)

Patient and Trademark Office, U.S. DEPARTMENT OF COMMERCE

₩V.3. 8PQ:1988-454-473/80301

Application or Docket Number